

## CORRECTED OR LATEST ENROLLMENT DATA

w Items marked with " w " MUST be filled in. Request cannot be processed or responded to if these items are not completed.

1. THIS REQUEST CONCERNS COURSE NO.		2. TODAY'S DATE		3. ENROLLMENT DATE		4. DSN PHONE NUMBER	
w 5. SOCIAL SECURITY NUMBER (SSN)		6. GRADE / RANK		w 7. NAME (Last name)		First Name MI	
w 8. ADDRESS NOTE: OJT Enrollees -- Enter address of unit training office with zip code. ALL OTHERS -- Enter current mailing address with zip code.  NAME _____ STREET / UNIT TRAINING OFFICE _____ CITY / BASE, STATE, ZIP CODE _____						/// FOR AFIADL USE ONLY ///	
9. E-MAIL ADDRESS AND FAX NUMBER							
10. TEST CONTROL OFFICE ZIP CODE / SHRED							
11. REQUEST FOR MATERIALS, RECORDS, OR SERVICE							
X Place an "X" through number in box to left of service requested.							
1	Request address change as indicated in item 8 above. See Note 1.						
2	Request Test Control Office change as indicated in Item 10 above. See Note 1.						
3	Extend course completion date. (Justify in "Remarks" on reverse.) See Note 1.						
4	Request enrollment cancellation. Confirmation required. <input type="checkbox"/> See Note 1.						
5	Send course exam. Automatic request on _____ (date) Answer sheet request on _____ (date). See Note 1.						
X	Request name change / correction to that as shown in Item 7 above. (Provide old or incorrect data here.) _____						
7	Send course materials. (Specify in "Remarks" on reverse.) <input type="checkbox"/> Not received <input type="checkbox"/> Lost <input type="checkbox"/> Damaged						
8	Correct SSN (List incorrect SSN here.) _____ (Correct SSN should be shown in Item 5 above.)						
9	Request Grade / Rank change / correction.						
10	CE results not received. Answer sheet submitted to AFIADL on _____ (date).						
11	Give instructional assistance as requested on reverse.						
12	Other (Explain fully in "Remarks" on reverse.)						
● NOTE 1. Submit this form for automatic transmittal to AFIADL if capability is available.							
OJT STUDENTS must have their OJT Administrator certify this record.  ALL OTHER STUDENTS may certify their own requests				I certify that the information on this form is accurate and that <b>THIS REQUEST CANNOT BE ANSWERED AT THIS STATION.</b>			
				SIGNATURE			

Fold  
Here

Fold

REQUEST FOR INSTRUCTOR ASSISTANCE

NOTE: Questions or comments relating to the accuracy or currency of subject matter should be forwarded directly to preparing agency. For an immediate response to these questions, call or write the course author directly, using the DSN number or address in the preface of each volume. All other inquiries concerning the course should be forwarded

URE/CE ITEM QUESTIONED :

COURSE NO \_\_\_\_\_

VOLUME NO \_\_\_\_\_

URE FORM NO \_\_\_\_\_

CE FORM NO \_\_\_\_\_

QUESTION NUMBER \_\_\_\_\_

ANSWER YOU CHOSE \_\_\_\_\_

(Letter)

HAS CE ANSWER SHEET BEEN

SUBMITTED FOR GRADING?

☐ YES

☐ NO

REFERENCE

(Textual reference for the answer I chose can be found as shown below.)

IN VOLUME NO \_\_\_\_\_

ON PAGE NO \_\_\_\_\_

IN ☐ LEFT ☐ RIGHT COLUMN

LINES \_\_\_\_\_ THROUGH \_\_\_\_\_

MY QUESTION IS:

REMARKS

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8012. PRINCIPAL PURPOSE: To provide assistance as requested by individual students.

ROUTINE USES: This form is shipped with AFIADL course packages and used by the student, as needed, to place an inquiry with AFIADL.

DISCLOSURE: Voluntary. Requested information is needed for expeditious handling of the student's inquiry. Failure to provide all information would result in slower action or inability to provide assistance to the student.

ADDITIONAL FORMS 17 are available from trainers, OJT and Education Offices, AFIADL/DMS, and Internet. Course workbooks have a Form 17 printed on the last page.